



10-01-03

TMA52

2812 \$

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Cabuz et al.

Serial No.: 09/749,171

Examiner: Simkovic, Viktor

Filed: December 27, 2000

Group Art Unit: 2812

For: THIN SILICON MICROMACHINED STRUCTURES

Docket No.: H16-26635 (1100.1116101)

TRANSMITTAL SHEET

Mail Stop Amendment

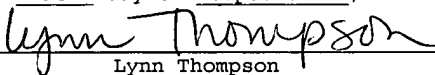
Assistant Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV315609051US, in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on this 29th day of September, 2003.

By

  
Lynn Thompson

We are transmitting herewith the attached:

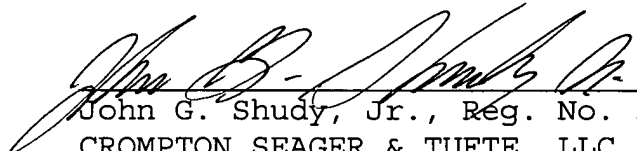
[X] Replacement Amendment in response to office action of 5-28-03.

[X] The fee has been calculated as shown:

| CLAIMS AS AMENDED                  |                  |              |       |              |           |          |           |
|------------------------------------|------------------|--------------|-------|--------------|-----------|----------|-----------|
|                                    | (3)              | (4)          | (5)   | SMALL ENTITY |           | OTHER    |           |
|                                    | REMAINING CLAIMS | HIGHEST PAID | EXTRA | RATE         | ADD'L FEE | RATE     | ADD'L FEE |
| TOTAL CLAIMS                       | 43-              | 24=          | 19    | x9=          | \$        | x18=     | \$342     |
| INDEPENDENT CLAIMS                 | 12-              | 8=           | 4     | x42=         | \$        | x84=     | \$336     |
| ( ) FIRST MULTIPLE DEPENDENT CLAIM |                  |              |       | +140=        | \$        | +280=    | \$        |
| TOTAL                              |                  |              |       | \$           |           | \$678.00 |           |

[X] Authorization to charge \$678.00 (claims) to Deposit Account No. 50-0413

- [X] Request for One-Month Extension of Time
- [X] Check in the amount of \$110.00 for the one-month extension fee
- [X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.



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